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26646 7590	06/24/2010			0	ditionto of Mailie	a on Tronsmis	rion	
KENYON & KENYO ONE BROADWAY NEW YORK, NY 1000	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
MEW TORK, IVI 1000					(Depositor's nam			
							(Signatur	c)
					(Dat	c)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.]
10/574,208 05/08/2008		Pascal Kocher	10191/4206		206	5558		
TITLE OF INVENTION: DEVIC	CE FOR FATIGUE W.	ARNING IN MOTO	OR VEHICLES HAVING	A RUN-UP ALA	KW 5151EW			
APPLN. TYPE SMA	LL ENTITY I	SSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/24/2010	
EXAMINER ART UNIT		CLASS-SUBCLASS]					
TRIEU, VAN THANH 2612		2612	340-435000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RES	SIDENCE DATA TO	BE PRINTED ON	THE PATENT (print or ty	pe)				£o.e
PLEASE NOTE: Unless an a recordation as set forth in 37 (assignee is identified CFR 3.11. Completion	below, no assignee a of this form is NO	data will appear on the of a substitute for filing an	oatent. If an assig assignment.	nee is identified	below, the doc	cument has been filed	101
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
ROBERT BOSCH GMBH			STUTTGA	RT, FEDE	ERAL REI	UBLIC	OF GERMAN	Y
Please check the appropriate assi	ignee category or cate							ent
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☑ Issue Fee ☑ Publication Fee (No small entity discount permitted)			A check is enclosed Payment by credit c	urd. Korw.PXQ-2 02	Sziszattachod.			
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Authorized Signature	12	- ~	7	Date 9	15/10			
Typed or printed name		Registration		35,952				
This collection of information is an application. Confidentiality is submitting the completed applications form and/or suggestions for Box 1450, Alexandria, Virginia 22313-145 Under the Paperwork Reduction	s governed by 35 0.3 cation form to the US reducing this burden 22313-1450. DO NO	PTO. Time will var should be sent to to T SEND FEES OR	y depending upon the inche Chief Information Off COMPLETED FORMS	ividual case. Any cer, U.S. Patent an TO THIS ADDRE	comments on the d Trademark Of SS. SEND TO: 0	amount of time fice, U.S. Depar Commissioner f	ne you require to compete the requirement of Commerce, or Patents, P.O. Box 1	ecss) and plete P.O. 450,